Peremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	1	For Official Use Only		
Board of Supervisor, First District	WW.		1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			7-	7.00
	Yes⊠ No		of Each Ticket/Pass \$.00
Event Description LA Phil		Date(s) 04	,05 ,19	
Provide Tille/Expire	anation	LA Phi	I	
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No ⊠ Yes	If yes:	Official's Name (L	ast, First)
. Recipients				
Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency and the section A to identify the agency are the agency are the section A to identify the agency are the agency are the section A to identify the agency are	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other	Income C
		If checking "Ceremon	ial Role" or "Other" describe below:	moonie L
		Ceremonial Role	Out	
		A STATE OF THE STA	Other ial Role" or "Other" describe below:	income
				man is a property of the second
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
YWCA	8	Per ticket policy 5.3 ((i)	
				7
Verification				
Thave read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements
Barbara			t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
A second of the				
Comment:				

Ceremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applie	1	For Official Use Only		
Board of Supervisor, First District	THE COLUMN TWO IS NOT THE PARTY OF THE PARTY		1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	bos.lacounty.go	ΟV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			-	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	77
Event Description LA Phil		Date(s) 04	,05 ,19	
Provide Title	/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	1	
			Name of S	ource
Was ticket distribution made at the behe of agency official?	st No⊠ Yes	☐ If yes:	Official's Name	(I ast First)
			Onicials Ivanie	(Last, First)
RecipientsUse Section A to identify the agency's department	at as unit - Haa Sa	ation B to identify on Individ	und	NE
	Number of	BARTHAR STATE OF THE STATE OF	Who had to appear to the house	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	it to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
(Last riot)	Pass(es)			
		Ceremonial Role If checking "Ceremon	Other inial Role" or "Other" describe below:	Income L
		non-transcript delegation and the second sec	minority of the confine and th	alatio alian salah eserti a dalah salah basala salah sal
		Ceremonial Role	THE RESERVE THE PARTY OF THE PA	Income
		if checking "Ceremon	nial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of		grafia de deservada de la compaña de la c	
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Walnut Park Neighborhood Watch	6	Per ticket policy 5.3	(i)	
4. Verification				
I pave read and understand FPPC Regulations 18944.	1 and 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.
Bar	bara Garcia	Ticke	et Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment: L				FPPC Form 802 (4/12)
			FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California QA2
County of Los Angeles			**************************************	Form 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			-	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ [93	3.00
Event Description LA Phil		Date(s) 04	,05 ,19	
Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an Individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	1			Control of the Contro
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	lg
		Ceremonial Role	Other _	Income
		If checking "Ceremon.	ial Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremonial If checking "Ceremonial Role"	Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Good Shephard	14	Porticket policy 5.27	:1	
Sood Shephard		Per ticket policy 5.3 (1)	
. Verification	TC	JI		
I have read and understand FPPC Regulations 18944.1 and	d 18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.
WALLE CALL	a Garcia	Ticke	t Administrator	05/14/2019
Signature of Agency Heat or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:		THE RESERVE OF THE PERSON OF T		

Ceremonial Role Events and Tid	cket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	
County of Los Angeles				Form 802
Division, Department, or Region (If Applicab	le)		4	For Official Use Only
Board of Supervisor, First District		A Section of the sect		
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator	<u> </u>			
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	s.lacounty.g	ov	Date of Original Filing:	(Marth Cay Vasa)
2. Function or Event Information			<u> </u>	(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	7.00
Event Description LA Phil		Date(s) 04	,06 19	
Provide Title/Exp	planation	Para Marian Marian		Л
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients	Without			
Use Section A to identify the agency's department or	runit. • Use Se	ection B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	/p/ca-comon-com/ca-co/ca-com			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
		Ceremonial Role	Other	Income 🗀
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		If checking *Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Equestrian Joint Council	14	Per ticket policy 5.3 (i)	The state of the s
. Verification ∧		41		
I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	orth above, is in accordance with	the requirements.
	ra Garcia	Ticke	t Administrator	05/14/2019
Signature of Agendy Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment				
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator	**************************************			L
Area Code/Phone Number E-mail			Amenament (Must pro	vide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			2.1	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 31	.00
Event Description LA Phil		Date(s) 04	,07 ,19	
Provide Title/Exp	lanation	- Committee of the Comm		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	Name of Sour	Ce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	st First)
			omata o nama (2a	o., . mo.y
 Recipients Use Section A to identify the agency's department or 	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	v an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/	to the part of the first by	lic purpose made pursuant to	
	Pass(es)			
	1			
B. Name of Individual	Number of			
C. (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other	Income
		If checking "Ceremon.	ial Role" or "Other" describe below:	was a superior of the superior
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
	Number of		The statement of the species of the state of	
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	1 433(43)			
A3PCON	14	Per ticket policy 5.3 (i)	
L 4. Verification	<u> </u>			***************************************
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	d 18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	a Garcia		t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nan	ne	Tille	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles			2000	Form OUZ
Division, Department, or Region (If Applicab	ole)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			1	
Area Code/Phone Number E-mail		****	Amendment (Must pr	ovide explanation in Part 3.)
	os.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information]	
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 32	2.00
Event Description LA Phil		Date(s) 04	,09 ,19	
Provide Title/Ex	planation	2		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or	runit. • Use Se	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
	3300-20 POWER OF WARRING THE RESIDENCE OF THE PARTY OF TH			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other I	Income
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy
La Puente Library	14	Per ticket policy 5.3	(i)	
Verification				
have read and understand FPPC Regulations 18944.1 and				
	ra Garcia		t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California QA2
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 53	3.00
Event Description LA Phil		Date(s) 04	,10 ,19	
Provide Title/Expla	anation	E CONTRACTOR DE LA CONT		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or it.	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	adity and additional and an analysis and an an
		Ceremonial Role If checking "Ceremonial If checking "Ceremonial Role"	Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's policy
	Pass(es)			
Day One	14	Per ticket policy 5.3 ((i)	
L Verification				
l. Verification I have read fend understand FPPC Regulations 18 <u>944.1 and</u>	18942 have v	edified that the distribution set for	odh ahove is in accordance with	the manifements
Barbara			t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
				(month, Day, real)
Comment:				